

ESTATE PLANNING QUESTIONNAIRE

Date: _____

A. PERSONAL AND FAMILY DATA

1. Name: _____

Children (Including those legally adopted):

Name	Birthday	Marital Status	Spouse's Name

Other Dependents:

Name	Birthday	Marital Status	Spouse's Name

Date of Birth: _____

Citizenship: _____

Year Maryland Residence Established: _____

Ever live in a community property state? Yes [] No []

If yes, in which state during what period. _____

2. Prior Marriages (If Applicable)

Prior Spouse		
Children of Prior Marriage		
Name		
Birthdate		
Address		
Date of Marriage		
Place		
Date of Dissolution		

3. Deceased Children and Their Issue:

Name of Deceased Child	Name of Child's Son\Daughter

4. Business Address:

Business Telephone: _____

Residence Address:

County: _____

Residence Telephone: _____

5. Living Parents: _____

6. Brothers and Sisters: _____

7. Social Security Number: _____

8. Profession/Business: _____
9. Any Disability? _____
10. Location of Safe Deposit Box: _____
11. Who has access to the Safe Deposit Box? _____
12. Do you now have a will? Yes [] No []
13. Annual Income:

Salary	\$ _____
Other	_____

B. ASSET INFORMATION

1. Do you:
- (a) Expect to inherit something from parents or others? Yes [] No []
- (b) Expect to receive benefits from a retirement plan? Yes [] No []
- (c) Have powers of appointment? Yes [] No []
- (d) Expect to receive gifts from parents or others? Yes [] No []
- (e) Have beneficial interests in trusts? Yes [] No []
- (f) Have an interest in a Buy-Sell Agreement? Yes [] No []

2. Real Estate:

Location and Type	Approximate Market Value of Equity	Cost Basis	How Is Title Held?

3. Life Insurance:

Company and Policy Number	Death Benefit	Approximate Cash Value	Person Insured	Owner	Beneficiary

4. Cash Accounts:

Institution	Approximate Balance	In Whose Name(s)?

5. Securities:

Company	No. of Shares	Original Cost	Approximate Market Value	Date of Purchase	In whose name?

6. Personal Property (vehicles, jewelry, art, collections, other household goods):

Description	Original Cost	Fair Market Value

7. Trust Deeds, Notes, Retirement Plans, and Other Assets:

Description	Value

8. Debts:

Type and To Whom Owed	Approximate Amount

9. Important Documents to be Examined:

- Existing Wills and Trust Agreements
- Real Property Deeds
- Deeds of Trust and Notes
- Partnership and Corporate Agreements and Tax Returns
- Retirement and Deferred Compensation Agreements
- Life Insurance Policies
- Powers of Attorney
- Most Recently Filed Individual Income Tax Returns

C. WILL PROVISIONS DESIRED BY CLIENT

1. General Disposition Intentions:

a. Specific Bequests: _____

b. Disposition of Residue: _____

c. Ultimate Beneficiary: _____

2. Personal Representative/Executor:

Initial Personal Representative(s):	Relationship to Testator (you):

Alternate Personal Representative(s):	Relationship to Testator (you):

3. Trustee for Intervivos Trust (if any):

The grantor may serve as the initial Trustee of the Trust during his or her lifetime. (Where he or she is the shareholder of professional corporation stock which is to be transferred to the Trust, it is essential that he or she alone be the Trustee since an unlicensed professional is not legally authorized to own or hold title to such stock.) A disinterested successor Trustee should also be named. We suggest that this disinterested Trustee should be a close relative, a bank, or an attorney who is familiar with the affairs of the grantor.

Initial Trustee(s): Names and Addresses	Relationship to Grantor (you):

Successor Trustee(s): Names and Addresses	Relationship to Grantor (you):

D. POWERS OF ATTORNEY

General Power of Attorney:

Initial: (Name)	Relationship:
Alternate: (if Initial is unable to serve)	

Health Care Power of Attorney:

Initial: (Name)	Relationship, Phone & Address:
Alternate: (If Initial is unable to serve)	